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I hereby appoint:

☒ Practitioners associated with the Customer Number: **79863**

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with  
any and all patent applications assigned only to the undersigned according to the USPTO assignment record or assignment documents  
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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Assignee Name and Address:

Vectra Fitness, Inc.

7901 South 190<sup>th</sup> St, Kent, WA 98032A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/6 or equivalent) is required to be  
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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	7-10-08
Name	Doug MacLean	Telephone	(425)291-9550
Title	President		

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